

02-20-01

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Atty. Dkt. No. 041673/2045

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tuszynski, et al.

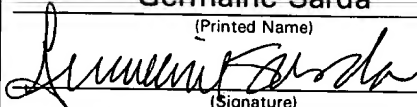
Title: MUTANT PRO-NEUROTROPHIN  
WITH IMPROVED ACTIVITY

Appl. No.: Unknown

Filing Date: February 16, 2001

Examiner: Unknown

Art Unit: Unknown

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EL452690655US	February 16, 2001
(Express Mail Label Number)	(Date of Deposit)
Germaine Sarda	
(Printed Name)	
	
(Signature)	

**UTILITY PATENT APPLICATION  
TRANSMITTAL**

Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Mark Tuszynski

Armin Blesch

☒ Applicant claims small entity status under 37 CFR 1.27

Enclosed are:

☒ Specification, Claim(s), and Abstract (18 pages).

☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).

☒ Application Data Sheet (37 CFR 1.76) (2 pages).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	25	- 20	= 5	x \$18.00	= \$90.00
Independents:	8	- 3	= 5	x \$80.00	= \$400.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$270.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration				+ \$130.00	= \$130.00
				SUBTOTAL:	= \$1600.00
[ ] Small Entity Fees Apply (subtract 1/2 of above):					= \$800.00
				TOTAL FILING FEE:	= \$800.00

- [ X ] A check in the amount of \$800.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2-16-01

By Stacy L. Taylor

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